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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

DISINFECTION IN GYNÆCOLOGY WITHOUT SOAP AND WATER.—The *Medical Record*, in an abstract from a German contemporary, states: Otto v. Herff says that the principle of the disinfection used by him is not to soften the skin and thus not to bring out the germs hidden in its deeper layers. Only the germs on the surface of the skin are dangerous and they must be surely destroyed. The usual technic of disinfection with the use of soap, water, and brush simply uncovers the organisms that otherwise lie latent in the skin. Herff begins the preparation of the skin on the day before operation by giving the patient a bath and by removing the hair from the area to be prepared, the razor and a depilatory powder being used. A wet dressing that is often used in preparing the field of operation simply renders the skin a good culture ground for the growth of bacteria. Then after anæsthesia has been begun the field is wiped for four minutes with 50 per cent. alcohol acetone; then the alcohol is removed by rubbing the skin for one minute with pure acetone, and the skin dried by sterile gauze. After the operation the field is wiped dry, but not washed. Acetone is the special agent in this method, for it acts as a solvent of fat and at the same time removes most of the moisture from the skin. In order that the surrounding tissues may be protected from secretions of the wound, alcoholic tincture of benzoin is applied. The entire technic is very simple and therefore well adapted for emergency preparations. The results in over three hundred cases show that the omission of the soap, brush, and water has led to no increase in general or local infections after operation.

THE CONSUMPTION OF ALCOHOL AND OF OTHER MEDICINES IN THE MASSACHUSETTS GENERAL HOSPITAL.—In the *Boston Medical and Surgical Journal*, Dr. Richard C. Cabot gives interesting data referring to the consumption of alcohol and of other medicines in the Massachusetts General Hospital during the period from 1898 to 1907. In 1898 there were 5005 patients, in 1907, 5966; the expenses for alcoholic beverages in 1898 were, ale and beer, \$759; wine and liquors, \$1563; total \$2322. In 1907, \$203 and \$610, total \$813. For medicine the expenses were in 1898, \$8424, and in 1907, \$5492. The cost of alcohol for each patient de-

creased from \$0.46 in 1898 to \$0.13 in 1907, and for medicine from \$1.68 to \$0.92. He concludes that since there has been no fall in the price of stimulants or medicine, the diminished expenditure corresponds to a diminution in the number of doses of medicine and stimulants, and indicates a rapid and striking change of view among the members of the staff of the hospital, especially in the past five years, when it has become generally known that alcohol is not a stimulant but a narcotic, and that drugs can cure only about half a dozen of the diseases against which we are contending. There has been during this period no increase in the proportion of surgical cases among the whole number treated, so that the decreased use of medicines and alcoholic beverages has not resulted from an increased resort to surgical remedies. On the other hand, there has been a great increase in the utilization of baths (hydrotherapeutics), of massage, of mechanical treatment, and of psychic treatment, all of which accounts no doubt for part of the falling off in the use of alcohol and drugs.

ANTITYPHOID VACCINATION IN ENLISTED MEN, UNITED STATES ARMY.—The *Maryland Medical Journal* says: Much interest has been aroused in the medical profession by the order of the War Department, recently promulgated, authorizing officers of the medical corps, whenever they deem it necessary, to call for volunteers from the enlisted men to submit to immunizing inoculations of the antityphoid serum, so successfully used by the British military authorities in the South African campaign. The immunity thus produced is only temporary, lasting for three or four months. No serious results have followed inoculation. It is the expectation of our military authorities that serum therapy will prevent a repetition of such typhoid epidemics as prevailed during the Spanish-American War. From the experiences of the British in South Africa these epidemics can undoubtedly be controlled if, during the prevalence of typhoid fever, serum therapy be practiced as religiously as vaccination from smallpox, and the order should be compulsory rather than volitional.

THE WAR ON RATS.—The *Medical Record* states in an editorial that a society for the extermination of vermin has been established in England in view of the enormous damage done by rats. In one year this is estimated to have amounted to \$75,000,000 in England and Wales. The society has just held its first annual meeting. At this meeting the president enumerated some of the ways in which rats brought about death and disease: by boring communications from drains into dwellings; by gnawing through water pipes and gas pipes; by running over food with filthy,

contaminated feet; by gnawing at food with filthy teeth; by causing loss of sleep and nervous trepidation; by carrying disease through the mediation of fleas. Professor Anderson, a great authority on the subject, has said that the damage done by rats in Great Britain was greater than the damage done by the cobra and tiger in India, while in India itself and in Australia it was now fully recognized that by means of rat fleas plague was propagated and that the only method of abolishing plague was to destroy the rats. The *Medical Record* thinks there is room in America for antivermin societies and clubs.

EARLY RISING AFTER LAPAROTOMIES.—The *Medical Record*, in a synopsis of a paper in a German contemporary, has the following: Hartog says that the traditional practice of compelling patients to lie flat on their backs after an operation on the abdominal cavity is slowly passing away. Ries, of Chicago, was the first to insist upon the advantages of having patients leave their beds as early as possible. Secondary hemorrhage, breaking open of the wound, increased predisposition to hernia at the site of the wound, and finally embolism, have been put forward as the possible dangers of such practice; the first three are prevented by proper technic in closing all wounds made, the latter danger is present after all operations and does not seem to be increased by leaving the bed early. On the other hand, the advantages of this method consist in the great diminution of the danger of secondary pneumonias in the aged, the obviation of the necessity of catheterization and of the use of enemas in most cases, the increase of appetite, and, in general, the rapid recovery of the patient. Hartog's practice is to allow the patients to lie on the side the day of the operation, to raise the head of the bed next day, and to place them in a chair for one-half to one hour two or three days after the operation, if they express readiness to sit up. After this the duration of sitting up is gradually prolonged. Individualization is necessary, for no hard and fast rule can be made for all patients. Uncomplicated and afebrile postoperative course serves as the indication for allowing the patient up.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, April 3, "Cæsarean Operation," William M. Harris; April 10, "Flat-foot," F. G. Peckham. *Medical Record*, April 3, "Potentialities of Radium as a Curative Agent," Editorial; April 10, "Venous Anæsthesia," Editorial; April 17, "Freezing as a Therapeutic Measure, Liquid Air, etc.," S. Dana Hubbard; April 24, "The Attitude of the Public towards Post-mortem Examinations," Editorial. *Maryland Medical Journal*, April, "Present Status of Tuberculosis Work

among the Poor," Mary E. Lent and Ellen N. LaMotte. *Journal of the American Medical Association*, April 24, "Acute Chorea," "Headache," "Malignant Growths," "Practical Examinations for the Medical License," Editorial; May 8, "The Insane Diathesis," Sanger Brown, M.D., "The County Society," L. Rock Sylvester, M.D. *The Visiting Nurse Quarterly of Cleveland*, April, "An Experiment in Organization," Belle Sherwin. *Illinois Quarterly*, May, "Nervousness in Children," Isaac A. Abt, M.D. *The Survey*, April 17, "A Psychologist's Criticism of the Emmanuel Movement," "Saving New York Babies," April 24, "A School of Public Health," Norman E. Ditman, M.D. *The Outlook*, April 10, "The Profession of Motherhood," Lyman Abbott; April 17, "The Economics of Spending," Lucy M. Salmon. *The Century*, May, "The New Basis of Work for the Blind," Bishop. *Lippincott's Magazine*, May, "The Tricks of Memory," Larned.

MEDICAL INSPECTION OF SCHOOLS.—Sullivan, Murphy, and Cronin observe, in the *Boston Medical and Surgical Journal*, that, although Boston is the pioneer city in the establishment of medical inspection of school children, there are many defects. Our authors are of the opinion that the system of medical inspection, including physicians and nurses, should be placed under the control of the Board of Health. A chief medical inspector should be appointed, with deputies, if necessary, to have full authority over all, his function being to direct and control the work of the district inspectors and to see that each performs the duties required; also, through a supervising nurse, to direct the work of the nurses. The medical inspectors' powers should be definitely determined and specifically set forth, and a proper compensation should be given. The nurses should be subordinate to the district medical inspectors and should work only under their direction. A card system of records should be devised, to be filled out by both physicians and nurses, one set to be kept at the schools and another set at the office of the chief medical inspector. The Board of Health and the School Committee should co-operate in bringing about such needed reforms.